

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>4/9/03</u>		2 Serial/Patent # <u>09/207,339</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time	3	4/4/03	\$ 55.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
			7 TOTAL AMOUNT OF REFUND \$ 55.00

10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table>			--				
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11 REFUND REQUESTED BY: C.T. Donnell
TYPED/PRINTED NAME: C. T. Donnell TITLE: Pet. atty
SIGNATURE: C-T. Donnell PHONE: 306-5589
OFFICE: 4700

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: *[Signature]* DATE: 4/10/03

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**